

INDIANA DEPARTMENT OF HOMELAND SECURITY CODE SERVICES SECTION

302 West Washington Street, Room W246 Indianapolis, IN 46204-2739 http://www.in.gov/dhs/fire/fp_bs_comm_code/



INSTRUCTIONS: Please refer to the attached four (4) page instructions. Variance number (Assigned by department) Attach additional pages as needed to complete this application. 1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner Name of applicant Jeff Williams Vice President Name of organization Telephone number Major Hospital (317) 421-5708 Address (number and street, city, state, and ZIP code) 150 West Washington Street, Shelbyville, IN 46176 2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant) Name of applicant Title Christina M. Collester **Principal** Name of organization Telephone number RTM Consultants, Inc. (317) 329-7700 Address (number and street, city, state, and ZIP code) 6640 Parkdale Place, Suite J, Indianapolis, IN 46254 3. DESIGN PROFESSIONAL OF RECORD (If applicable) Name of design professional License number Robert Wayne Snyder AR00870101 Name of organization Telephone number BSA LifeStructures (317) 819-7878 Address (number and street, city, state, and ZIP code) 9365 Counselors Row, Indianapolis, IN 46240 4. PROJECT IDENTIFICATION Name of project State project number County Major Hospital 373653 Shelby Address of site (number and street, city, state, and ZIP code) 2451 Intelliplex Drive, IN 46176 Type of project New New ☐ Addition ☐ Alteration ☐ Change of occupancy □ Existing 5. REQUIRED ADDITIONAL INFORMATION The following required information has been included with this application (check as applicable): A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions) One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives. Written documentation showing that the local fire official has received a copy of the variance application. Written documentation showing that the local building official has received a copy of the variance application. 6. VIOLATION INFORMATION Has the Plan Review Section of the Division of Fire and Building Safety Issued a Correction Order? Yes (If yes, attach a copy of the Correction Order.) ☑ No Has a violation been issued? Yes (If yes, attach a copy of the Violation and answer the following.) ⊠ No Violation issued by: Local Building Department ☐ State Fire and Building Code Enforcement Section ☐ Local Fire Department

7 DESCRIPTION OF DECHESTED VARIANCE		
7. DESCRIPTION OF REQUESTED VARIANCE Name of code or standard and edition involved	Specific code section	
2008 Indiana Building Code	1509.2	
Nature of non-compliance (Include a description of spaces, eq Penthouse will exceed 1/3 the area of the third fi	uipment, etc. involved as necessary.)	· · ·
8. DEMONSTRATION THAT PUBLIC HEALTH, SAF	ETV AND WELFARE WILL BE BOOTECTE	The state of the s
Select one of the following statements:	LIF, AND WELFARE WILL BE PROTECTED	
Non-compliance with the rule will not be adverse	to the public health, safety or welfare; or	
Applicant will undertake alternative actions in lieu public health, safety, or welfare. Explain why alte	of compliance with the rule to ensure that granting	of the variance will not be adverse to
Facts demonstrating that the above selected statement is true:		
The third floor is a smaller footprint of a two story penthose is required to house the equipment required.	tower that sits on the significantly larger first	floor roof. The larger size of the
The penthouse is rated construction and two sep	arate exits are provided from the roof.	
9. DEMONSTRATION OF UNDUE HARDSHIP OR HI	STORICALLY SIGNIFICANT STRUCTURE	
Select at least one of the following statements:		
Imposition of the rule would result in an undue hard	ship <i>(unusual difficulty)</i> because of physical limitation	ns of the construction site or its utility services.
Imposition of the rule would result in an undue hard	ship <i>(unusual difficulty)</i> because of major operational	l problems in the use of the building or structur
Imposition of the rule would result in an undue hard	ship <i>(unusual difficulty)</i> because of excessive costs of	of additional or altered construction elements.
Imposition of the rule would prevent the preservation	n of an architecturally or a historically significant part	of the building or structure.
acts demonstrating that the above selected statement is true: Penthouse designation is required to permit non a		Jeo
orallouse designation is required to permit non-	ated openings unough the root to the pentilo	use.
0. STATEMENT OF ACCURACY	EST - ACTUAL SECTION	
hereby certify under penalty of perjury that the ir	nformation contained in this application is acc	urate.
ignature of applicant or person submitting application	Please print name	Date of signature (month, day, year
	Christina M. Collester	, 30,7,700
ignature of design professional (if applicable)	Please print name	Date of signature (month, day, year,
	Robert Wayne Snyder	
1. STATEMENT OF AWARENESS (If the application	n is submitted on the applicant's behalf, the app	olicant must sign the following statement
hereby certify under penalty of perjury that I am aw	are of this request for variance and that this apr	olication is being submitted on my behalf.
Signature of applicant	Piease print name	Date of signature (month, day, year
- 12	Jeff Williams	, , , , , , , , , , , , , , , , , , , ,



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CODE SERVICES SECTION
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Attach additional pages as needed to complete this application.	Variance number (Assign	ed by department)
1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted: ust	sally thin is the	E PERMIT
Name of applicant	Title	
Jeff Williams	Vice President	
Name of organization	Telephone number	
Major Hospital	(317) 421-5708	
Address (number and street, city, state, and ZIP code)		
150 West Washington Street, Shelbyville, IN 46176		
2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by t		
Christina M. Collester	Title	
Name of organization	Principal Telephone number	
RTM Consultants, Inc.		
Address (number and street, city, state, and ZIP code)	(317) 329-7700	
6640 Parkdale Place, Suite J, Indianapolis, IN 46254		
3. DESIGN PROFESSIONAL OF RECORD (If applicable)	Wante or Walter	
Name of design professional	License number	
Robert Wayne Snyder	AR00870101	
Name of organization	Telephone number	
BSA LifeStructures Address (number and street, city, state, and ZIP code)	(317) 819-7878	
•		
9365 Counselors Row, Indianapolis, iN 46240 4. PROJECT IDENTIFICATION		
Name of project		ver = 21
Major Hospital	State project number	County
Address of site (number and street, city, state, and ZIP code)	373653	Shelby
2451 Intelliplex Drive, IN 46176		;
Type of project		
	Existing	
5. REQUIRED ADDITIONAL INFORMATION	MISSISSIPPE	
The following required information has been included with this application (check as applicable):		
A check made payable to the Indiana Department of Homeland Security for the appropriate amount	. (see instructions)	
One (1) set of plans or drawings and supporting data that describe the area affected by the request	ed variance and any pro	oosed alternatives
Written documentation showing that the local fire official has received a copy of the variance applications.	etion.	and the state of t
Written documentation showing that the local building official has received a copy of the variance as		
5. VIOLATION INFORMATION	рисавоп,	
las the Plan Review Section of the Division of Fire and Building Safety Issued a Correction Order?		
☐ Yes (If yes, attach a copy of the Correction Order.) ☑ No		
las a violation been issued?		
☐ Yes (If yes, attach a copy of the Violation and answer the following.)		İ
fiolation issued by:		
Local Building Department State Fire and Building Code Enforcement Section	Local Fire Depar	tment

7. DESCRIPTION OF REQUESTED VARIANCE	- STANSSTON - NOT A ST	CONTRACTOR OF STREET
Name of code or standard and edition involved	Specific code section	
2008 Indiana Building Code	905.4 (2)	
Nature of non-compliance (Include a description of spaces, equipment, e Standpipe outlets will not be provided at horizontal exits.	tc. Involved as necessary.)	.7/10
and the factor of the second		
8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND	WELFARE WILL BE PROTECTED	
Select one of the following statements:		
Non-compliance with the rule will not be adverse to the pub	lic health, safety or welfare; or	
Applicant will undertake alternative actions in lieu of compliant public health, safety, or welfare. Explain why alternative actions in lieu of compliant public health, safety, or welfare.	ance with the rule to ensure that granting of tions would be adequate (be specific).	the variance will not be adverse to
Facts demonstrating that the above selected statement is true: The new building is fully sprinklered and standpipe outlet	te will be located in all stair anclesures	
The new building is raily spaniagied and standpipe outlet	a wiii de locateu iii ali staii enciosufes.	,
9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICA	ALLY SIGNIFICANT STRUCTURE	
Select at least one of the following statements:	£	
Imposition of the rule would result in an undue hardship (unus	sual difficulty) because of physical limitations	of the construction site or its utility services.
Imposition of the rule would result in an undue hardship (unus	sual difficulty) because of major operational pr	oblems in the use of the building or structure.
Imposition of the rule would result in an undue hardship (unus	sual difficulty) because of excessive costs of a	dditional or altered construction elements.
Imposition of the rule would prevent the preservation of an arc	chitecturally or a historically significant part of	the building or structure.
Facts demonstrating that the above selected statement is true. Two hour walls used as horizontal exits for occupncy separequiling an excessive amount of standpipe outlets.	aration for licensing rules. The horizont	al exits cross multiple comidors
10. STATEMENT OF ACCURACY	THE RESERVE OF THE PARTY OF THE	
		West and the second substitution of
hereby certify under penalty of perjury that the information	n contained in this application is accura	ite.
Signature of applicant or person submitting application	Please print name	Date of signature (month, day, year)
	Christina M. Collester	
Signature of design professional (If applicable)	Please print name	Date of signature (month, day, year)
AA . CTATEMENT OF AMADENTES AND	Robert Wayne Snyder	
11:-STATEMENT-OF AWARENESS (If the application is subn	nited on the applicant's behalf, the applic	ant must sign the following statement.)
hereby certify under penalty of perjury that I am aware of this	s request for variance and that this applic	ation is being submitted on my behalf.
Signature of applicant	Please print name	Date of signature (month, day, year)

Jeff Williams



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Tranic of application		Title	
Jeff Williams		Vice President	
Name of organization		Telephone number	
Major Hospital Address (number end	street, city, state, and ZIP code)	(317) 421-5708	
1	ington Street, Shelbyville, IN 46176		
2. PÉRSON SÜBM	ITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by	, ,	
Name of applicant	in service of the Arthogan (in not submitted by	the applicantl	
Christina M. Col	lester	Principal	
Name of organization		Telephone number	<u> </u>
RTM Consultant	s, Inc.	(317) 329-7700	
1	treet, city, state, and ZIP code)	(011) 020 1100	
6640 Parkdale P	lace, Suite J, Indianapolis, IN 46254		
3. DESIGN PROFES	SSIONAL OF RECORD (If applicable)	1000	Kara Satura
Name of design profess		License number	
Robert Wayne S	nyder	AR00870101	
BSA LifeStructure		Telephone number	
	reet, city, state, and ZIP code)	(317) 819-7878	
1	Row, Indianapolis, IN 46240		_
4. PROJECT IDENT		Section 10	
Name of project		and the same of	
Major Hospital		State project number	County
Address of site (number	and street, city, state, and ZiP code)	373653	Shelby
2451 Intelliplex Di	rive, IN 46176		
Type of project			
	Addition Alteration Change of occupancy] Existing	
	IONAL INFORMATION		Michigan Company
The following required	Information has been included with this application (check as applicable):		
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Written document	ation showing that the local fire official has received a copy of the variance applic	ation	posed alternatives.
☑ Written document	ation showing that the local building official has received a copy of the variance a	anon. Anlication	
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Has the Plan Review Section	on of the Division of Fire and Building Safety Issued a Correction Order?	-	
☐ Yes (If yes, attaci	ha copy of the Correction Order.)		
Has a violation been issue			
Ves (If yes, attach	n a copy of the Violation and answer the following.)		
Local Building De	Dartment State Fire and Building Ondo Enforcement		
	partment	Local Fire Depar	tment

<u> </u>			
7. DESCRIPTION OF REQUESTED VARIAN	ic		
Name of code or standard and edition involved		Specific code section	
2008 Indiana Building Code Nature of non-compliance (Include a description of s) The two hour wall separating the existnin accordance with Section 706			will be constructed as a fire barrier in
			-
8. DEMONSTRATION THAT PUBLIC HEALT Select one of the following statements:	FH'. SAFETY, AND WELFARE	. WILL BE PROTECTED	
Non-compliance with the rule will not be a	ndverse to the public health, sa	ifety or welfare; or	
Applicant will undertake alternative action public health, safety, or welfare. Explain	s in lieu of compliance with the why alternative actions would	e rule to ensure that granting of be adequate (be specific).	the variance will not be adverse to
Facts demonstrating that the above selected stateme A two hour fire barrier is permitted by NF Code as required by Federal Licensing R	PA 101, The Life Safety Co	ode. The hospital is require	d to comply with the entire Life Safety
The new and existing buildings are fully s	prinklered.		
9. DEMONSTRATION OF UNDUE HARDSHI	P OR HISTORICALLY SIGNII	FICANT STRUCTURE	
Select at least one of the following statements:	<u> </u>		
imposition of the rule would result in an und	due hardship <i>(unusuai difficulty</i>) because of physical limitations	of the construction site or its utility services.
Imposition of the rule would result in an unc	due hardship <i>(unusual difficulty</i>) because of major operational p	problems in the use of the building or structure.
Imposition of the rule would result in an und	due hardship <i>(unusual difficulty</i>)) because of excessive costs of	additional or altered construction elements.
Imposition of the rule would prevent the pre	eservation of an architecturally	or a historically significant part o	f the bullding or structure.
Facts demonstrating that the above selected stateme		<u></u>	
Providing a separate strucurally independ Compliance with the full life safety code d	ent fire wall at the exidting emonstrates equivilent safe	building separation would be to though compliance with	e costly and difficult to construct. a nationally recognized code.
Compliance with the full life safety sould to	omonouatos oquimont sun	oty triough complication was	a readinary roody rized odder
10. STATEMENT OF ACCURACY	N III S C II S		
u u		44.44.	
I hereby certify under penalty of perjury th			
Signature of applicant or person submitting application			Date of signature (month, day, year)
Cinnature of dailor professional III annuable	Christi Please p	na M. Collester	Date of signature (month, day, year)
Signature of design professional (if applicable)		t Wayne Snyder	Sale of signalure (month, day, year)
 11. STATEMENT OF AWARENESS (If the ap			icant must sign the following statement.
·			
hereby certify under penalty of perjury that			
Signature of applicant	Please p		Date of signature (month, day, year)
	Jeff W	illiams	



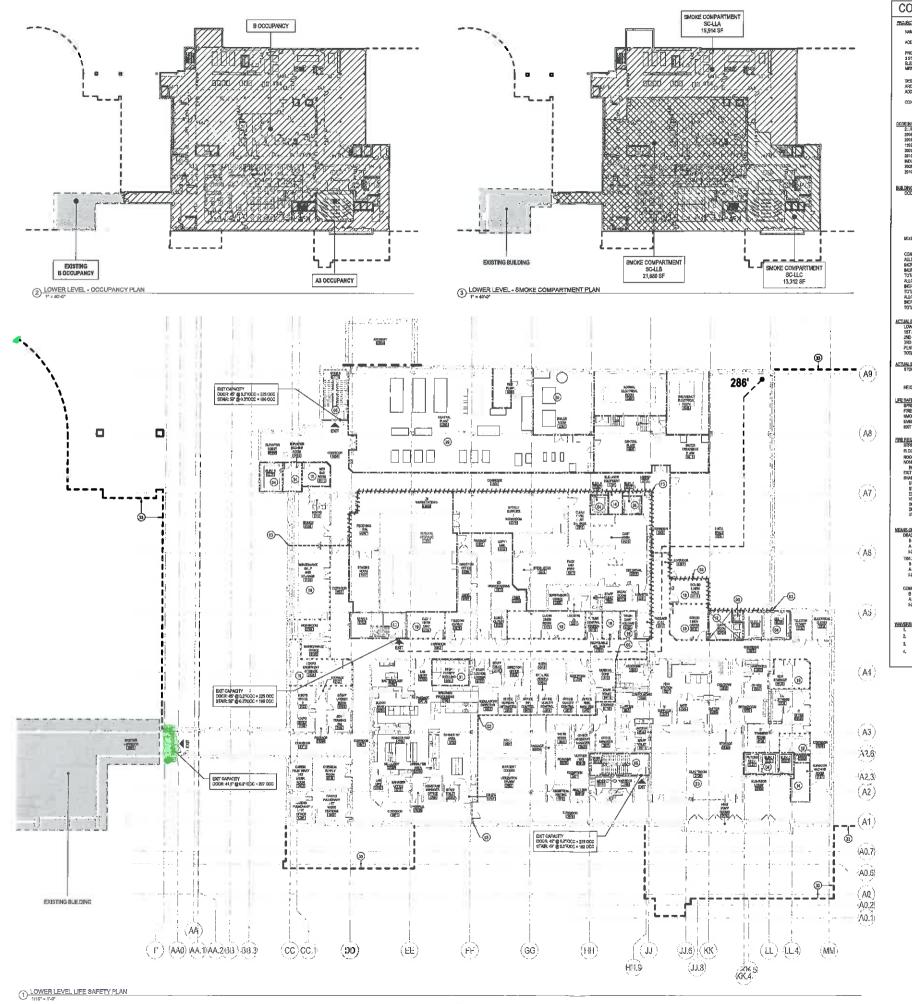
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7: 1	DESCRIPTION OF REQUESTED VARIANCE	The State of	WINING
	e of code or standard and edition involved	Specific code section	
200	08 Indiana Building Code	1020.1.1	
Natu	re of non-compliance (include a description of spaces, equipment, etc. in thouse discharges directly into the stair 4 enclosure.	nvolved as necessary.)	
1 01	arouse viscillarges directly little stall 4 circlesure.		
			and the second second second
	DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND W.	VELFARE WILL BE PROTECTED	
	Non-compliance with the rule will not be adverse to the public	hoolth cofety as welfares as	
		•	
	Applicant will undertake alternative actions in lieu of compliand public health, safety, or welfare. Explain why alternative action	e with the rule to ensure that granting as would be adequate (be specific).	g of the variance will not be adverse to
	demonstrating that the above selected statement is true: penthouse is fully sprinklered and separated from the st	tair by two-hour construction.	
9 D	EMONSTRATION OF UNDUE HARDSHIP OR HISTORICALL	V SIGNIERCANT STRUCTURE	
	at at least one of the following statements:	11 SIGNIFICANT STRUCTOR	SECOND CONTRACTOR
	Imposition of the rule would result in an undue hardship (unusual	I difficulty) because of physical limitation	ons of the construction site or its utility services.
	Imposition of the rule would result in an undue hardship (unusual		
	Imposition of the rule would result in an undue hardship (unusual		
	Imposition of the rule would prevent the preservation of an archite		
Facts	demonstrating that the above selected statement is true:		
The :	stair is required to serve as egress from the penthouse a	and is located beneath the foot pi	riont of the penthouse.
			i
10. S	TATEMENT OF ACCURACY		The Control of the Co
	eby certify under penalty of perjury that the information c	ontained in this application is acc	curate.
Signat	ure of applicant or person submitting application	Please print name	Date of signature (month, day, year)
Signati	re of design professional (if applicable)	Christina M. Collester Please print name	Date of signature (month, day, year)
g-1610	a salar present in upproving	Robert Wayne Snyder	vale of signature (month, day, year)
i-1S	l. FATEMENT-OF AWARENESS-(#-the-application-is-submitte		oplicant must sign the following statement)
	by certify under penalty of perjury that I am aware of this re		
		Please print name	Date of signature (month, day, year)
		Jeff Williams	or organization (months, var, year)



CODE SUMMARY

PROJECT INFORMATION:

BUILDING DATA:
OCCUPANCY: ADMIN OFFICES, AND CONFERENCE RODAYS?
COMMON SPACES WITH OCCUPANT LOAD LESS
THAN 50.

ACTUAL BUILDING AREA: LOWER LEVEL: 1ST PLOOP: 2ND PLOOP: 3RD PLOOP: PENTHOUSE: TOTAL: \$3,447 S.F. 121,324 S.F. 54,420 S.F. 38,115 S.F. 15,802 S.F. 281,108 S.F. CTUAL BUILDING HEIGHT

LPE SAPETY FEATURES:

SPRINGER SYSTEM THROUGHOUT
PRE PATTO SEPARATION YOULS

SHOKE DETECTORS & FIRE ALARM SYSTEM
EMPHICIANTS - EMBRICIANT POWER BACKUP
EMIT LEATS - EMBRICIANT POWER BACKUP RE RESISTANCE RATING REQUIREMENTS: STRUCTURAL FRAME:

2 HOUR 2 HOUR 1 HOUR 6 HOUR 6 HOUR Z HOUR I HOUR Z HOUR Z HOUR Z HOUR FIRE DAMPER AT FLOOR Z HOUR LISTED FIRE STOP SYSTE

50° MAX 20° MAX 20° MAX

- ERSONMANCES REQUESTED:

 NAME TO REDUCE 3 HOUR FIRE WALL TO 2 HOUR FIRE SHAPER.

 VARIANCE TO PERSIST FERTHOUSE TO EXCEED 1/3 ROOF AREA

 NAME TO PERSIST FERTHOUSE TO EXCEED 1/3 ROOF AREA

 VARIANCE TO PERSIST PERSISTORY OF THE STAFF.

CODE SUMMARY LOWER LEVEL

LOWER LEVEL: \$3,447.9F

BUSINESS: GROUP 8 (STORAGEMECH AREAS) 11,875 SF (249 SF/DDC) = 40 ODCUP GROUP 8 (OFFICE AREAS) 40,070 SF((100 SF/OCC) = 401 OCCUPANT ASSEMBLY GROUP AS 1,682 SF / (7 SF/OCC) = 216 OCC.

FLOOR DCCUPANT LGAD TOTAL: 856 DCC. PLOOR BUT CAPACITY TOTAL:
HEXRIZONTAL EXIT @ BENESSE CENTER:
REMAINING TOTAL:
STATES
DOORS:

> NOTES- LIFE SAFETY PLAN REFER TO SHEET AGGI FOR GENERAL NOTES AND LEGENDS
>
> BUILDING SEPARATION: 2-HOUR FIRE BARRIER, SEPARATES EXISTING

OF IRALDROS SEPARATION HAVE PREPARED REPRANTES EXISTRO
THE ES CONSTRUCTION.

CONVERNINCE TRUE NOT AN EAST STARE.

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INSTALLAND HAVE R

TYPE 8
UNLIMITED
NAA
UNLIMITED
4 STORES
1 STORY
5 STORES
160 FT,
20 FT,
160 FT,

COMPARTMENT ON FIRST FLOOR DUE TO OPEN SPACE SETWE FLOORS. SIDE ACTING ACCORDION FIRE WAYLENING BARRIER WITH

28 SINGLE ACTION ACCORDANT REPAIR WAIL (INJURIES ACCORDANT WITH CHARLES ACCORDANT ACC 30 BOILER ROOM: 24-BOUR SEPARATION DUE TO OP PLOOR FOR BOILER RUES. 31 HAZARDOUS AREA: 1 HOUR SEPARATION 32 PAIR FROM LOWEL PAIR.

33 BUILDING LINE ABOVE AT HIRST FLOOR
34 SUITE SEPARATION: NON-PATED SMOKE PARTITION. 35 HORIZONTAL EXIT.
36 EXIT STAIR SHOUR RATING EXTENDS 10"-0" FROM CORNER OF STAIR.
37 EXIT STAIR EXTERIOR EXCLOSURE WALLS NOT REQUIRED TO BE



9365 Counselors Row Indianapolis, IN 46240-1478

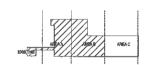
ph 317.819.7878 fx 317.819.7288 www.bsalifestructures.com

A MAJOR HEALTH PARTNER

REPLACEMENT HOSPITAL

SHELBYVILLE, INDIANA

CONSTRUCTION DOCUMENTS



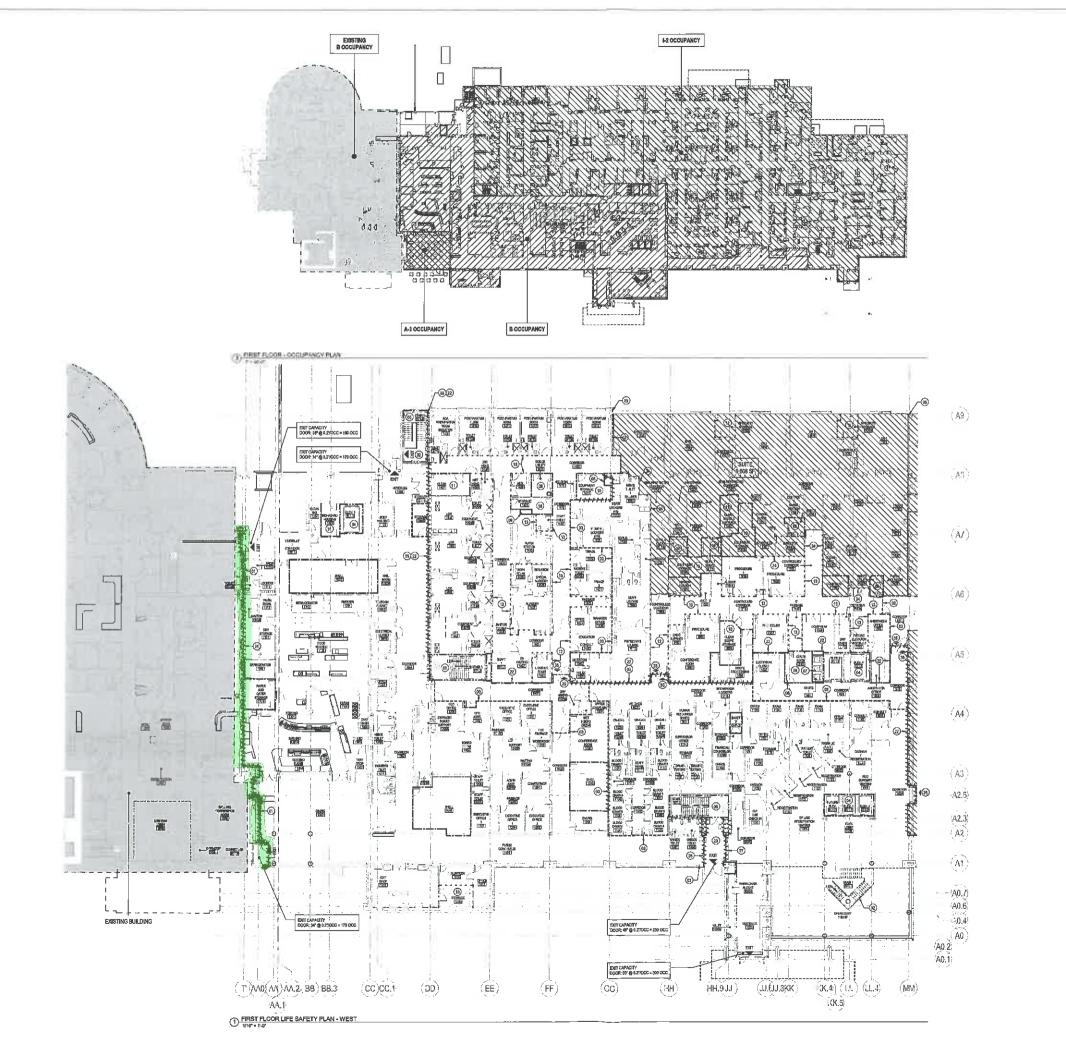
KEYPLAN

MARK DATE DESCRIPTION



LOWER LEVEL LIFE SAFETY PLAN

PROJECT NO. CLIENT NO. DATE A030 C OFC



CODE SUMMARY FIRST FLOOR

ST.FLOOR: 121,324 GSF

INSTITUTIONAL:
GROUP HZ (INPATIENT TREATMENT AREAS)
78,946 QSF / (245 SF/OCC) = 329 QCO

BUSINESS:

GROUP B 40,378 GSF / (100 SF/OCC) = 404 CCCUPANTS

ASSEBLY:
(SROW) A3 2,100 GBF / (16 SPX00C) = 140 OCCUPANT
FLOOR OCCUPANT LOAD TOTAL:
873 OCC.
874 RPC
FLOOR BUT CAPACITY TOTAL:
574 RPC
575 RPC
576 S2,204 OCC.

NOTES-LIFE SAFETY PLAN

- INSERT TO SHEET ADDI FOR GENERAL HOTES AND LEGENDS

22 CONVENENCES TARE NOT ARE EAST \$1 YOUR
\$ SHOKE BARRIER FOR BUILDING SUBCIVESION: 1-HOUR RATED
BARRIERS 1-HOUR, BAY BE HIGHER RATING IF CONCERRENT WI
OTHER RATED WALLS,

OF ELEVATOR HOISTWAY 2-HOUR SHAFT ENCLOSURE,
OF ENT STAIR 2-HOUR SHAFT ENCLOSURE,
OS MECHANICAL CHASE: 2-HOUR SHAFT ENCLOSURE.

ENKLOSURE

GYNTE KOCESS ROOME 2-HOUR SEPHRANTON.

GYNTE KOCESS ROOME 2-HOUR SEPHRANTON.

GYNTE KOCESS ROOME 2-HOUR SEPHRANTON.

GYNTE CHARLES ROOME 2-HOUR SEPHRANTON.

LOUIS STORMER GROWN GYE TO SPE HOUR SEPHRANTON.

GYNTE STORMER GROWN GYE TO SPE HOUR SEPHRANTON.

GYNTE STORMER GROWN GYE TO NO SPE HOUR ROOME. PRETITION, RESISTITHE FASSAGE OF SMANCE.

GORRHOOM SEPHRANTON HORRANTON SIGNER PRETITION, RESISTITHE

TO COMPLICAL SERVICION NORMANDE GENERAL PRACTICION, REGISTIT THE PASSAGE OF GENERAL .

11. ELEMATOR ECONFIDER FORCE 24/10, SERVICIANZON, 15. SELBATOR ECONFIDER FORCE 24/10, SERVICIANZON, 16. SELBATOR ECONFIDER FORCE 24/10, SERVICIANZON, 16. SELBATOR ECONFIDER FORCE PROSITE SERVICIANZON, 17. SELBATOR ECONFIDER FORCE PROSITE SERVICIANZON, 17. SELBATOR ECONFIDER FORCE SERVICIANZON, 18. SELBATOR ECONFIDER FORCE SELBATOR SERVICIANZON, 18. SELBATOR ECONFIDER FORCE SELBATOR SELBATOR SELBATOR 18. SELBATOR SELBATOR SELBATOR SELBATOR SELBATOR SELBATOR 18. SELBATOR SELBATOR SELBATOR 18. SELBATOR SELBATOR SELBATOR 18. SELBATOR SELBATOR SELBATOR 18. SELBATOR SELBATOR 18. SELBATOR SELBATOR 18.
22 COCLIPANCY SEPARATION AND HORIZONTAL EXIT: 24 HOUR SEPARATION.

23 LARGE CLASSROOM (GVER 73) S.F.; A3 OCCUPANCY.

24 CHEMICAL SUPPLY ROOM. FOUND STIP WITH PANIC INCOMINGE REGULA

25 SUCKE CLASSROOM SEPARATION SEPARATION.

26 SUCKE CLASSROOM SEPARATION SEPARATION.

27 CHARACTER SUPPLY ROOM. FOLOR SEPARATION SEPARATION.

28 SUCKE CLASSROOM SET ON REST EX FOLOR SEPARATION.

29 SUCKE SUPPLY SEPARATION.

20 SUCKE SUPPLY SEPARATION.

20 SUCKES SUCKES SUPPLY SEPARATION.

20 SUCKES SUPPLY SUCKES SUPPLY SU

COMPANY THE PROPERTY OF THE PR

FLOOR FOR BOILER FLUES.

31 HAZARDOUS AREA: 1 HOUR SEPARATION

32 BOIT FROM LOWER LEVEL.

33 BUILDING LINE ABOVE AT FIRST FLOOR.

37 EXT STAR 2-HOUR RATING EXTENDS 10-F FROM CORNER 37 EXT STAR EXTENDOR ENCLOSURE WALLS NOT REQUIRED HATED AT ROOF LEVEL. BSA Life Fructures.

9365 Counsejors Row Indianapolis, IN 46249-1478

ph 317,819,7878 fx 317.819.7288 www.bsalifestructures.com

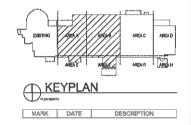


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REPLACEMENT HOSPITAL

SHELBYVILLE, INDIANA

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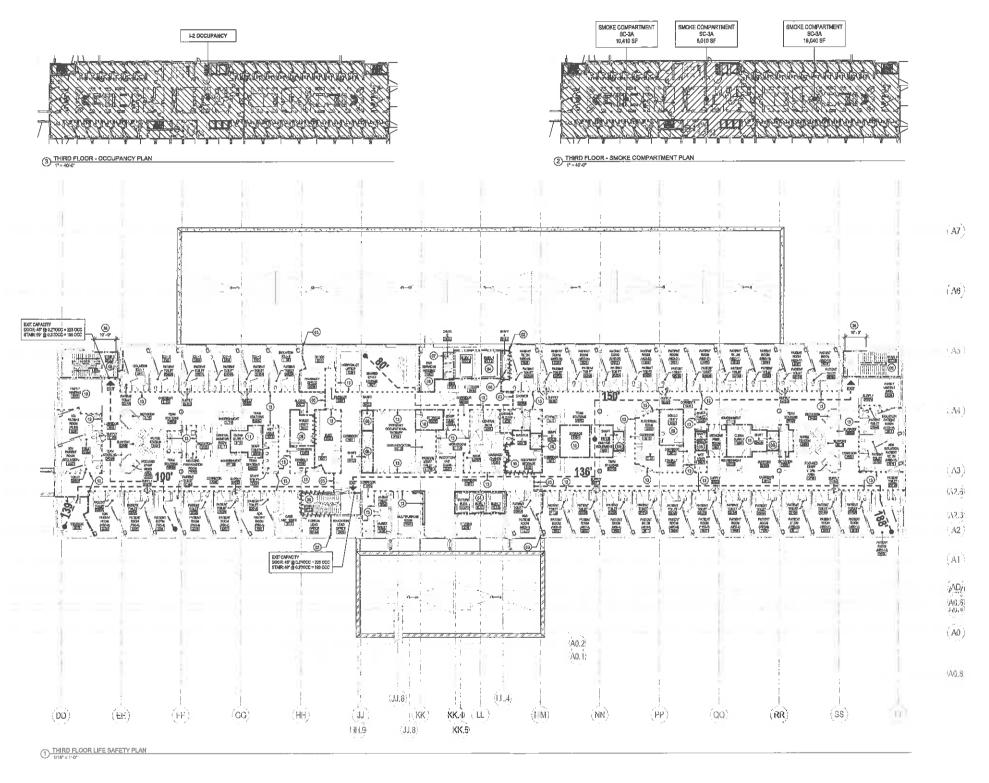




FIRST FLOOR LIFE SAFETY PLAN - WEST

PROJECT NO. 91290047 CUENT NO.

DATE 44 AUGUST 2014
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COMP. AND AUGUST 2014



CODE SUMMARY THIRD FLOOR

INSTITUTIONAL:

GROUP NE (SLEEPING) 36 115 GSF (120 SF/OCC) = 301 OCCU!

FLOOR OCCUPANT LOAD TOTAL: 301 GCC. FLOOR EXIT CAPACITY TOTAL. STAIRS: DOORS: 585 000. 675 000.

NOTES- LIFE SAFETY PLAN

NOTES-LIFE SAFETY PLAN

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- BURNING SEPREMINE SEPREMINE SEPREMINE

- COURTES BEAR PROMOTES AND EXPERIENCE

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SEPARATION.

LURGE CLASSROOM (OVER 766 S.F.): AS CICCUPANCY.

LURGE CLASSROOM (OVER 766 S.F.): AS CICCUPANCY.

CHEMICAL SUPPLY ROOM: HOUR SEPARATION.

SINCKE COMPARTMENT ON SECOND FLOOR IS PART OF SMOKE

COMPARTMENT ON FIRST FLOOR DUE TO DREM SPACE SETWEEN.

THE PROPERTY OF THE PROPERTY O

35 HORECATAL EVIT.

36 EXIT STATE 2-HOLER RATING EXTENDS 10M2 FROM DORNER OF STARE.

37 EXIT STATE EXTENDER BACLOSURE WALLS NOT REQUIRED TO BE RATED AT ROOF LEVEL.

BSA Life tructures ...

9365 Counselors Row îndianapolis, îN 46240-1478

ph 317.819.7878 fx 317.819.7288 www.bsalifestructures.com

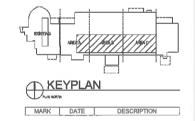


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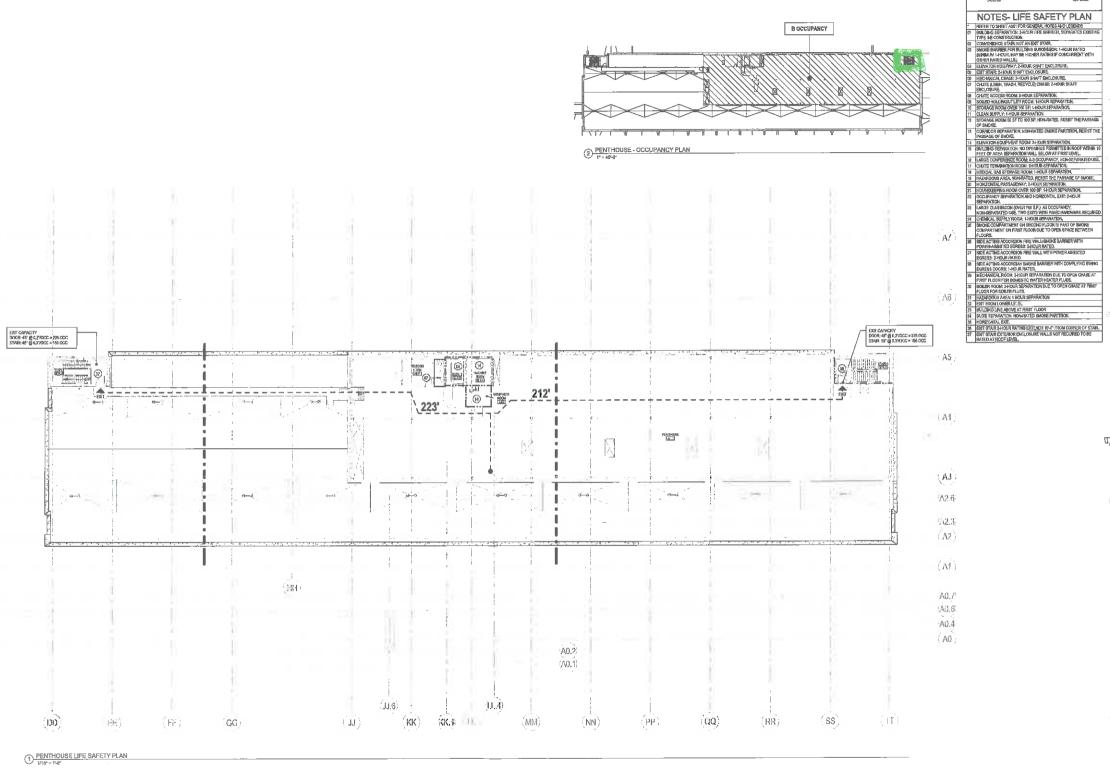
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THIRD FLOOR LIFE SAFETY PLAN

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CODE SUMMARY PENTHOUSE

PENTHOUSE FLOOR: 16 802 GSF

53 OCC. FLOOR OCCUPANT LOAD TOTAL: PLOOR EXIT CAPACITY TOTAL: STARS: DOORS 346 OCC. 450 OCC.

NOTES- LIFE SAFETY PLAN

BSA Life Tructures.

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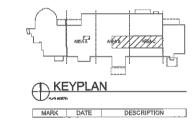


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PENTHOUSE LIFE SAFETY PLAN

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